

Complete Section 1 and forward to the appropriate registration/regulator to complete Section 2. Once completed, the form must be mailed or emailed directly from the registration/nursing board(s) to the CLPNA. Copies will not be accepted.

Please note: The regulator may have their own process for requesting Verifications of Registration, in which case this form is not necessary.

SECTION 1 (Completed by Applicant)

PERSONAL (Please Print)

Current Legal Surname (Last Name)	Given Name (First Name)	Middle Name(s)
Previous Name	Date of Birth (dd/mm/yy)	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified
Apartment / Box No. / Address or Street No.	City / Town / Village	
Province/State	Country	Postal Code / Zip Code
Telephone No.	Cell No.	Primary Language
E-mail Address		

EDUCATION (Please Print)

Name of Nursing Program	Name of Educational Institution	Graduation Date (dd/mm/yy)
Educational Institution Complete Address		

REGISTRATION (Please Print)

Name of Registration/Nursing Board	
Initial Registration Date with Board (dd/mm/yy)	Registration Number

SECTION 1 Continued**CONSENT TO RELEASE INFORMATION**

I am seeking registration as a Licensed Practical Nurse in Alberta. I authorize _____
(name of Registration/Nursing board) to complete Section 2 of this form and mail the required documentation directly to the
College of Licensed Practical Nurses of Alberta (CLPNA).

PRIVACY STATEMENT

I acknowledge that the information contained in this form is being collected and will be used for the purpose of assessing my application for registration. This information will be maintained on my file and may also be used to assess my application for renewal of my practice permit in the future or for the purpose of a discipline proceeding under Part 4 of the *Health Professions Act*. Information collected in this form including geographical, education, and employment information may also be disclosed to non-profit organizations and institutions for the purposes of health policy making and health human resource planning. No other disclosure of this information will be made except in accordance with the provisions of the Health Professions Act, the Licensed Practical Nurses Professions Regulation, the Personal Information Protection Act, or as otherwise permitted by law.

Applicant Signature (do not print)_____
Date (dd/mm/yy)

SECTION 2 (Completed by Registration/Nursing Board)

THIS CERTIFIES THAT (Please Print)

_____ Current Legal Surname (Last Name)	_____ Given Name (First Name)	_____ Middle Name(s)
_____ Nursing School/Educational Program		_____ Completion Date (dd/mm/yy)
_____ Educational Facility Address		Registered by <input type="checkbox"/> Examination <input type="checkbox"/> Endorsement
_____ Initial Registration Date (dd/mm/yy)	_____ Expiry Date (dd/mm/yy)	_____ Registration Number
_____ Name of Examination Written	_____ Date Examination Written (dd/mm/yy)	_____ Language of Examination
Number of Times Examination was Written _____		Results <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Current Status <input type="checkbox"/> Registered <input type="checkbox"/> Inactive		

FORMAL ACTIONS

- Has the individual's registration has ever been denied, revoked, suspended, or under review? ☐ Yes ☐ No
- Has the individual's registration has ever been subject to conditions, limitations, restrictions, and/or an agreement with the board? ☐ Yes ☐ No
- Does the individual have any current limitations/conditions/restrictions their practice permit? ☐ Yes ☐ No
- Has the individual ever voluntarily surrendered their practice permit? ☐ Yes ☐ No
- Has the individual ever had any formal disciplinary action for their nursing practice? ☐ Yes ☐ No
- Has the individual ever had any formal sanctions imposed against theme as a matter of public record (e.g. complaints with a finding of unprofessional practice)? ☐ Yes ☐ No
- Is the individual the subject of a current investigation, proceeding, outstanding, and/or unresolved complaint related to their nursing practice? ☐ Yes ☐ No

If "Yes" is the answer to any of the questions, please attach documentation outlining action(s) taken.

ACTING ON BEHALF OF REGISTRATION, BOARD, OR COUNCIL

_____ Signature of Registrar/Designate	_____ Print Name
_____ Title	_____ Email
_____ Name of Licensing Authority/Jurisdiction	_____ Date (dd/mm/yy)

